

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
100,450

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	/		/			
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
32			/			
33			/			
34			/			
35			/			
36			/			
37			/			
38			/			
39			/			
40			/			
41			/			
42	/		/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65	/		/			
66			/			
67	/		/			
68			/			
69			/			
70			/			
71			/			
72			/			
73					/	
74					/	
75					/	
76					/	
77					/	
78					/	
79					/	
80					/	
81					/	
82					/	
83					/	
84					/	
85					/	
86					/	
87					/	
88					/	
89					/	
90					/	
91					/	
92					/	
93					/	
94					/	
95					/	
96					/	
97					/	
98					/	
99					/	
100					/	
TOTAL IND.					5	
TOTAL DEP.					45	
TOTAL CLAIMS					50	

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	107507724	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101	/						151	/					
102	/						152	/					
103	/						153	/					
104	/						154	/					
105	/						155	/					
106	/						156	/					
107	/						157	/					
108	/						158	/					
109	/						159	/					
110	/						160	/					
111	/						161	/					
112	/						162	/					
113	/						163	/					
114	/						164	/					
115	/						165	/					
116	/						166	/					
117	/						167	/					
118	/						168						
119	/						169						
120	/						170						
121	/						171						
122	/						172						
123	/						173						
124	/						174						
125	/						175						
126	/						176						
127	/						177						
128	/						178						
129	/						179						
130	/						180						
131	/						181						
132	/						182						
133	/						183						
134	/						184						
135	/						185						
136	/						186						
137	/						187						
138	/						188						
139	/						189						
140	/						190						
141	/						191						
142	/						192						
143	/						193						
144	/						194						
145	/						195						
146	/						196						
147	/						197						
148	/						198						
149	/						199						
150	/						200						
TOTAL IND.			↓		↓		TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←		TOTAL DEP.			←		←	←
TOTAL CLAIMS							TOTAL CLAIMS						